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| <p style="text-align: center;">KENTUCKY CORRECTIONS Policies and Procedures</p> | <p>Policy Number</p> <p style="text-align: center;">11.4</p> <p>Date Filed</p> <p style="text-align: center;">June 3, 2005</p> | <p>Total Pages</p> <p style="text-align: center;">3</p> <p>Effective Date</p> <p style="text-align: center;">September 20, 2005</p> |
| <p>References/References</p> <p>KRS 196.035 and 197.020</p> | <p>Subject</p> <p style="text-align: center;">ALTERNATIVE DIETARY PATTERNS</p> | |

I. AUTHORITY

This policy and procedure is issued in accordance with the provisions of KRS 196.035 which authorizes the Department of Corrections (Corrections) and the Commissioner of Corrections to adopt regulations for the administration of Corrections.

II. PURPOSE

To establish a written policy and procedure for providing Alternative Diet Patterns for inmates confined within Corrections. These various diet patterns shall include the Alternative Diet, a Pork Substitute, and a Medical Restricted Diet, like a diabetic or allergy diet.

III. APPLICABILITY

To all institutions and contract facilities.

IV. DEFINITIONS

“Allergy Diet” means a diet that would exclude or substitute a particular food item that an individual may be allergic to or that is medically restricted.

“Alternative Diet” means a diet that includes modifications or substitutes for food items that may be high in fat or sugar and not acceptable on a dietary restricted diet, like a diabetic diet, low fat diet, or low cholesterol restrictions or a diet that meets minimum requirements for most religious faiths.

"Pork Substitute" means any protein entree used to substitute a pork protein product on the Master Menu including, beef, fish, poultry products, cheese, vegetarian entrée, peanut butter or dried beans.

V. POLICY

To offer an alternative dietary pattern for medically restricted or religious food items. The alternative shall be noted on the Master Menu and offered during regular meal times to inmates that may be recommended to follow a medically restricted diet or may wish to

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follow a religious dietary restriction. It shall be the responsibility of the Warden, Dietitian, food service and medical staff, and chaplain to ensure compliance with policy and procedure requirements.

VI. PROCEDURE

A. Alternative Program

The Master Menu shall list all menu items including regular items as well as alternative choices for inmates to choose. Institutions shall make all choices, Master Menu, Alternative and Pork Substitute Menu items available to all inmates. It shall be the inmate's decision to choose from the choices available. The Alternative Program shall be designed to meet the needs of the diabetic patient as well as those requiring a low fat or low cholesterol diet. A physician wishing to put an inmate on a certain medical dietary restriction shall complete a medical prescription form for a dietary consult with the type of diet listed on the consult form. The form shall be sent to the dietary supervisor of the food services department.

The inmate shall schedule an appointment and meet with the dietary supervisor where he shall be given the necessary dietary information and instructions. If the inmate has further questions, the central office dietitian shall be called for further consult. The inmate shall be required to keep a food record for thirty (30) days. The food service department may request a copy of the inmate canteen list to see if compliance with the recommendations are being followed.

Inmates shall be made aware of the alternatives on the menu, as well as how an individual institution administers the alternative program. Alternatives shall be listed on the menu or posted in the dining room and an inmate shall be free to choose which entrée or alternative product he wants.

B. Pork Substitute

A Pork Substitute for the protein entrée shall be listed on the Master Menu as the alternative when a pork protein entree is listed. This alternative shall be served and made available to all inmates.

C. Allergy Diets

An inmate allergic to certain food items shall have that item eliminated from his diet if he has written medical proof in his medical records. If an inmate states he is allergic to a certain food item and there is no written proof to verify this allergy, the inmate may be tested with the stipulation if the testing comes back negative, the inmate shall be charged for that medical test. If the test is positive, that food item or items shall be eliminated from his diet and so indicated in his

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medical records. This shall be done through the Alternative Program in the dining room. Inmates in special management units shall have their diet modified as necessary by the Food Service Supervisor.

D. Special Medical Dietary Restrictions

Special restrictions like dental diet, test diet, or temporary medical diet shall be allowed at each institution if the following conditions are met.

1. A dentist may prescribe a dental diet for a period of no more than fourteen (14) days with an additional renewal period of fourteen (14) days if required. These diets shall be limited to liquid, pureed or mechanical soft. This prescription shall be taken to the Food Service Supervisor.
2. The institutional physician prescribes a medical dietary restriction for a period of no more than thirty (30) days and is needed because the Alternative Program does not meet the needs of a documented medical condition. For example, tests diet that requires a liquid meal or severe dietary restrictions. This diet shall be reviewed after thirty (30) days with a consult to the Department Dietitian for continuance.

The inmate shall sign for these special diets before each meal and a record of his compliance shall be documented in his medical record. Non-compliance shall be documented and the inmate counseled. Continuance of non-compliance shall mean removal from the written diet.

E. Special Management Units

Inmates placed in Special Management Units shall be allowed to participate in the Alternative Program, the Pork substitute Program or the regular Master Menu. The inmate shall indicate his choice upon admission to the unit and shall continue with that choice during his entire stay in the unit. The inmate shall not be allowed to change his decision during that stay. Any documented allergic restrictions shall be continued during the stay in the Special Management Unit.

KENTUCKY DEPARTMENT OF CORRECTIONS

PARTICIPATION AGREEMENT: ALTERNATIVE AND PORK SUBSTITUTE PROGRAM

The Kentucky Corrections Food Services Departments offer an Alternative menu and a Pork Substitute Program. Any inmate wishing to participate in either the Alternative or Pork Substitute Programs shall sign up for participation. The program you choose shall be served for your entire stay in the cellblock. To help you make your decision, a summary of both programs are included. If you do not sign up for either of these menu choices, you will be sent the regular master menu tray.

Alternative:

Choices: Limited or no eggs shall be served for Breakfast, instead egg substitutes shall be served, as well as Diet Syrup, Diet Jelly, or Sugar Substitute. No breakfast gravies, margarine or bacon shall be served.

For lunch and dinner, a vegetarian or low fat alternative protein entrée instead of the regular entrée, as well as fresh fruit or canned fruit packed in its own juice for the dessert item. There shall be no cake, puddings, or cookies served with the alternative program.

I, _____, by my signature below acknowledge that I WISH TO
Print Inmate Name and Number

PARTICIPATE in the Alternative Menu Program. I understand that by joining the program I shall be served the alternative choices three (3) times a day each day and that I shall not be allowed to change my decision through my entire stay.

Pork Substitute:

A non-pork protein substitute shall be served in place of a pork protein at any meal when served on the menu.

I, _____, by my signature below acknowledge that I WISH TO
Print Inmate Name and Number

PARTICIPATE in the Pork Protein Substitute Program. I understand that I shall be served non-pork substitutes when a pork protein is served and that I shall not be allowed to change my decision through my entire stay.

Inmate Signature

Inmate Number

Staff Witness

Date